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## BIB DATA SHEET

CONFIRMATION NO. 6424

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT          | ATTORNEY DOCKET<br>NO.                                       |                     |                           |
|--|---|--|-------------------------|--|---------------------|---------------------------|
| 10/561,486   | 10/18/2006  | 463  | 3714                    | 17237US01  |                     |                           |
| <b>RULE</b>  |   |  |                         |  |                     |                           |
| <b>APPLICANTS</b><br>Robert Linley Muir, New South Wales, AUSTRALIA;<br>David Curry, New South Wales, AUSTRALIA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AU04/00799 06/18/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>AUSTRALIA 2003903111 06/19/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/28/2008 |   |  |                         |  |                     |                           |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b> | <b>SHEETS DRAWINGS</b>                                       | <b>TOTAL CLAIMS</b> | <b>INDEPENDENT CLAIMS</b> |
| Verified and /REGINALD A RENNICK/<br>Acknowledged Examiner's Signature   |   | Initials                                     | AUSTRALIA               | 6  | 43                  | 3                         |
| <b>ADDRESS</b><br>MCANDREWS HELD & MALLOY, LTD<br>500 WEST MADISON STREET<br>SUITE 3400<br>CHICAGO, IL 60661   |   |  |                         |  |                     |                           |
| <b>TITLE</b><br>Cashless Reservation System  |   |  |                         |  |                     |                           |
| <b>FILING FEE RECEIVED</b><br>3590   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                         | <input type="checkbox"/> All Fees                            |                     |                           |
|  |   |  |                         | <input type="checkbox"/> 1.16 Fees (Filing)                  |                     |                           |
|  |   |  |                         | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                     |                           |
|  |   |  |                         | <input type="checkbox"/> 1.18 Fees (Issue)                   |                     |                           |
|  |   |  |                         | <input type="checkbox"/> Other _____                         |                     |                           |
|  |   |  |                         | <input type="checkbox"/> Credit                              |                     |                           |